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## STATEMENT OF

FEC FORM 1							Office Use Only						
NAME OF COMMITTEE (in	n full)		(Check if name s changed)		mple:If typing, type the lines.	e 121	TE4M5	Office O	Se Offiny				
SMALL BU	JSINE	SS IN	NVESTO	R ALI	LIANCE F	PAC						┙	
ADDRESS (number and street)		1100 H	Street, NW										
(Check if address is changed)		Suite 61 WASHI	0 			DC		20005		 			
				CITY		STAT	E		ZIP CC	DE			
COMMITTEE'S E-MA  (Check if is change)  COMMITTEE'S WEB	address d)	chris@	electioncfo.com	e e-mail ad	dress)								
(Check if address is changed)												_	
<ol> <li>DATE 10</li> <li>FEC IDENTIFIC</li> </ol>			2011 C	C0010999	1								
4. IS THIS STATE	MENT	NEW	(N) OR	×	AMENDED (	A)							
Type or Print Name Signature of Treasure NOTE: Submission of	of Treasurer  Mr. Chri er  false, erroneo	Mr. Chr	ristopher M Marst  Marston  complete informati	on may sub	[Electronically File	ed] Date	10 ement to t	/ D	4		011 C. §437	7g.	
Office Use Only					For further informat Federal Election Con Toll Free 800-424-95 Local 202-694-1100	nmission			C FOI				